

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/511253	FILING DATE
APPLICANT		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49		/				
50		/				
TOTAL IND.	25	25	25	25	25	25
TOTAL DEP.	28	28	28	28	28	28
TOTAL CLAIMS	28	28	28	28	28	28

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			25	25	25	25
TOTAL DEP.			28	28	28	28
TOTAL CLAIMS			28	28	28	28